

For Official Use Only

AUG 15 2005

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1. File Number U - <u>6990</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>P</u> <u>Colella</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1389 Broad Street</u> City <u>Clifton</u> State <u>New Jersey</u> ZIP Code + 4 <u>07013</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Local 1262</u> Labor Organization File Number <u>051-552</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1389 Broad Street</u> City <u>Clifton</u> State <u>New Jersey</u> ZIP Code + 4 <u>07013</u>
5. Position in labor organization. <u>Regional Director</u>	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name <input type="text"/>	<input type="text"/>
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	7.b. Amount.
State <input type="text"/> ZIP Code + 4 <input type="text"/>	<input type="text"/>

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 8/3/05 Date 973 777 3700 Telephone Number

Name of Person Filing John Colella	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Davis, Cowell & Bowe, LLP
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1701 K Street N.W. Suite 210
City Washington
State District of Columbia ZIP Code + 4 20006

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

Davis, Cowell & Bowe are Legal Counsel for UFCW Local 1262

11.b. Approximate dollar value of such dealing.

\$84,000

12.a. Nature of interest held or income received.

Meal
4-6-04

12.b. Amount.

\$46

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UFCW Local 1262 Employer Benefit Funds
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1389 Broad Street
City Clifton
State New Jersey ZIP Code + 4 07013

14.a. Nature of payment.

Attended an Educational Conference during February 2004 in Florida to assist in fulfilling my fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare, hotels, meals and fees

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$3,007

Name of Person Filing John Colella

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UFCW Local 1262 Employer Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1389 Broad Street

City Clifton

State New Jersey

ZIP Code + 4 07013

14.a. Nature of payment.

Business Meals at Trustee and Other Business
Related Meetings
See Attached Spreadsheet13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$291

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

John Colella- Attachment for LM-30 Part "C" 14.a.

Business Meals at Trustee and Other Business Related Meetings		
1/5/2004		39.86
2/11/2004		25.85
3/15/2004		47.78
4/19/2004		41.91
6/30/2004		62.56
10/8/2004		37.2
11/16/2004		35.39
Total		290.55